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ST. COSMAS AND ST. DAMIAN, colored woodcut by Johann Wechtlin, 1517, Smith, Kline, and French Collection—Phila. Museum of Art.

PATRONS FOR PHYSICIANS

C. Francis Werts, M.D.

Saints Cosmas and Damian share with Saint Luke the position of patrons of the medical profession. They lived and died in the third century, in Arabia. They are mentioned in the Roman Martyrology along with their three brothers: Anthimus, Leontius, and Euprepus, whose feast commemorating their martyrdom occurs September 27th. The known facts of the latter are scant, but a number of items concerning Cosmas and Damian have reached us, and these are sufficient to enthrone them in our esteem and to afford us worthy exemplars in our professional life.

Cosmas and Damian were Christians from childhood who apparently enjoyed education beyond the average. We read in *THE LITURGICAL YEAR*, by the Benedictine Gueranger, that they studied Hippocrates and Galen with enthusiasm, and correctly concluded that the perfection of the human body was but a faint reflection of the Divine Wisdom it so eloquently manifests. They accepted their art as a sacred ministry, and served their Maker in

His suffering members. So altruistically did they perform their office that they were known as the "Anargyres" (from the Greek *alpha* — privative, without, and *arguros*, silver). Lest this might occasion an odious comparison with men of our day, one might work with pure love in his heart in spite of the necessity of fees that arises from our economic structure today.

Their fame was enhanced by miraculous cures attributed to them, and it is clear that God's mark of approval rested on them even in their life time. Such events scarcely escaped the attention of the governing powers and Lysias, the prefect under Rome, ordered them before him. He sought to learn the secret of their powers and way of life, but they openly professed their religion, and refused to adore the gods of the Romans, knowing well the penalty that millions of their co-religionists had paid in the name of Christ . . .

Patron saints are selected by the Church for the good of the living. Those glorious confessors and martyrs need no further adu-

lation from the Church militant. The Church triumphant furnishes fulfillment of every lawful aspiration. But the Church militant needs the stimulation of their example, and they are selected because they are appropriate for that purpose. Hence it behooves each one of us to know them better, to imitate them closely and eventually to share their magnificent reward; otherwise, life is a complete failure.

Three items are most worthy of consideration in this account of Saints Cosmas and Damian: these Saints were practicing physicians; they had the gift of miracles; finally they achieved the martyr's crown. These items shall merit comment in the reverse order.

Saints Cosmas and Damian achieved the martyr's crown. Does this not immediately single them out and elevate them to a plane so far removed from us that *prima facie* they become subjects of admiration but scarcely imitation for us in the medical profession? Perhaps that were so if martyrs were made at the time of their martyrdom. In the annals of the martyrs, there are examples of the effects of grace so overwhelming that unbelievers so clearly saw truth that they joyfully died for it minutes later. Persecutors, have joined their intended victims. But in so many more cases, martyrdom was begun long before the day of consummation. The martyrdom of life-long observance of the commandments; the martyrdom of devotion to duty that was rarely easy; the martyrdom of patience in the presence of provocation; the martyrdom of virtue when vice demanded descent from the cross: all of these constitute a real martyr. How few martyrs there would be if their altars did not contain

the ash of sacrifice of yesterday and yesteryear! And here the application to ourselves becomes clear. The life of a Christian can never digress from the Royal Road of the Cross. Whether the last moment is obvious to others as a consummation is but incidental. The essential is that our life must be a profession of the teachings of Christ wherever that may lead. Saints Cosmas and Damian began that course early, and in this respect we may imitate them closely.

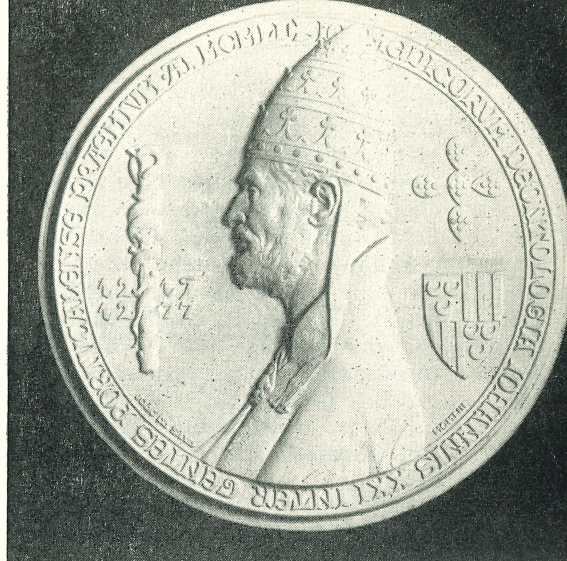
The second remarkable circumstance in the life of these two men lay in the fact that miraculous powers were accorded them during their life-time. Certainly in that



February 9th is the feast of St. Apollonia, the patron saint of people plagued by toothaches and also the patroness of dentists. She was arrested during the persecution of the Christians in 249 and after having her teeth broken and pulled out, died by fire.

respect they are singled out to a degree that defies our imitation. Here again we behold a circumstance that is not essential either to sanctity or salvation. The power of miracles rests in God alone, whatever the instrument that appears before man. The spittle and clay that Christ placed in the eyes of the man born blind was effective as any instrument ever employed in the external manifestation of God's supernatural power. Hence the fact of miracles, while it carries the stamp of approval of God upon the person concerned, is not *per se* a sanctifying factor. Rather the virtue of the individual may predispose the providence of God in this direction at that particular time for a very particular purpose. Scripture tells us that the Apostles rejoiced that such power, namely, that of miracles was given them. We may assume that Judas was among them, and while it is not our office to decide his final fate, yet the fact of miracles did not confirm him in grace. Hence we may again emphasize the important fact that Saints Cosmas and Damian lived virtuous lives in circumstances not unlike our own, and so achieved sanctity. Miracles followed, but did not precede or cause their virtue.

Finally, these saints were practicing physicians whose duties certainly had the identical relationship to their patients that prevails between doctor and patient today. Certainly their religious duties received exacting attention, but they were not canonized because they spent time in the observance of monastic discipline. The fact remains that the everyday duties of the professional man or woman, dramatic and routine, have the tremendous possibilities of confer-



The International Association of Catholic Physicians recently announced the "John XXI AWARD, International Prize for Medical Ethics," given by the Association of the Catholic Physicians of Portugal in remembrance of Pope John XXI, a Portuguese Physician of the 13th Century. The prize was awarded for the first time, on the occasion of the 5th International Congress of Catholic Physicians in Dublin. The Board consisted of Prof. Gedda (Italy), Prof. Porto (Portugal), Rev. Riquet, S.J. (France) and the Rev. R. Verly (Belgium).

The prize was awarded to a combined work of the Seminary for Social Studies of the University of Barcelona (Prof. Ventosa Aguilar) under the title: The Behavior of the Physician towards the Problem of Birth Control.

The work of Professor Chr. Mertens de Wilmars van Leuven: Demography and Psychology was placed "Hors concours" on account of its unique value. Professors Niedemeyer (Vienna), Sutherland (Great Britain) and Merchants (Argentina) received honorable mention.

ring sanctity upon those performing them with a right intention. Is the entire profession then, to enjoy that distinction simply because their external duties bear that resemblance or identity to the life and duties of Cosmas and Damian? Unfortunately that is not the case. Only those will achieve this blissful end who fulfill two conditions,

and these are not above the reach of any man of good will. First, all actions must be performed with the simple good intention of pleasing God, and the second follows as a corollary: the person concerned must be in the state of sanctifying grace. This latter condition seems so very obvious that it needs no discussion, for a person without grace could scarcely tend in the direction of salvation, much less sanctification. Pertinent to the first condition, any wrong intention would vitiate even the most sacred duties, and it is clear that the intention remains the factor which gives life to the objective actions of individuals.

The Church which transcends all ages has exercised wisdom in

selecting these saints for our admiration and imitation. It remains for us therefore to select those essential factors in their lives that pertains to us, and to follow them. Nor need we be alone in this, for help from above is certainly forthcoming from those saints we honor, for we daily invoke them when we intelligently attend Mass and reverently repeat at the canon: "In communion with and venerating . . . thy blessed apostles and martyrs . . . Cosmas and Damian by whose merits and prayers grant that we may be defended in all things by the help of their protection. . . ."

(Reprinted from the

LINACRE QUARTERLY, Aug. 1951)

HUMAN DESTINY

Confronting the problem of sickness, the doctor, whether he wishes to or not, must take a stand on the problem of human destiny. If he acknowledges nothing outside of bio-chemical phenomena, does he not by implication admit the failure of all his efforts? Now this position is neither acceptable to man's conscience, nor is it in keeping with the spirit which inspired that long advance through the ages, that courageous and persistent progression, which the history of medicine makes known to us. The man of courage who engages his full strength in the battle against sickness cannot ignore the message of Him who called Himself the Master of life and death, and proved that affirmation by numerous miracles, in particular by that of His Resurrection. He cannot above all, ignore the fact that Christ promises to all men who keep His word a share in His ultimate triumph.

It is our wish that this consoling truth may sustain you in your austere and exacting daily labor, from which the world constantly and handsomely benefits . . . PIUS XII TO DOCTORS.

"BALU WALA"

THE WOMAN WHO WAS MAULED BY A BEAR

Sr. M. Barbara, M.D.

IT WAS mid winter and cold for India so we were sitting outside absorbing the warmth of the mid-day sun when a nurse came running to the verandah. She kept telling us the villagers had just brought in a serious case — a "balu walla" and to come quickly. With my limited Hindi of those early days I understood it to be a patient injured by a native sword-like instrument of wood and thus, of course, a police case of which we tried to steer clear. The nurse practically got down on her hands and knees to demonstrate "balu" meaning "bear" until I finally understood the patient to be a woman mauled by a bear. During the time of explanation we had been rapidly approaching the operating room where I could see the patient for myself — poor bloody creature huddled under a dirty cloth in a small round basket — all too often of necessity the native ambulance.

The bear had done a thorough job before he left the young woman for dead. She had been one of a group of about ten villagers collecting fire wood in the jungle about four miles from the hospital. When the bear attacked, her companions deserted her, rushing back to the village, but she fortunately kept her composure to the extent

of pretending to be dead and lying perfectly motionless, knowing the bear would then leave her. She was pretty well scalped and a face like hers I never hope to see again, but she was quite conscious, not suffering from shock and very jubilant that both eyes were intact and she could see clearly. Fortunately, her family had not even stopped to apply the usual village remedies, such as cow dung and the wound was as clean as a dirty bear wound (imagine the accumulated filth under their claws) could be.

We put her on the operating



table and began an infusion of plasma while several nurses set about shaving and cleansing the area, fortunately still numb, since the condition of her face, nostrils and mouth made giving anesthesia impossible. Meanwhile, we doctors, and two nurses scrubbed up and got ready for the long sewing job — we literally took hundreds of stitches, first approximating the scalp, then carefully matching the edges of the eye lids, nose and lips, and spent four and a half hours before finishing.

Despite everyone's gloomy predictions — "bear wounds are always infected" — "she will surely die" — the patient made a rapid

and uneventful recovery, leaving the hospital after two weeks with only one upper eye lid which did not function properly. This we easily remedied later by means of a nerve graft. The patient was as proud of the results as we and whenever the Fathers visited her village, would come forth declaring she was the "balu walla" and show off her hair line scars. We regretted not taking before and after pictures, but the before would have been too horrible anyway. Of course, had penicillin, anti-tetanus serum and plenty of vitamins not been available, the healing never could have been so prompt.

— DIWALI —



Delhi is getting ready for one of its biggest holidays called Diwali, the feast of lights. It is like New Year's day and it honors the goddess Lakshmi, the goddess of wealth. The people clean out their houses, wash them, buy new clothes, tear up old account books, start new ones, give sweets to their friends, set off fire crackers, paint different colors on their houses and set many lights around their houses in tiny oil lamps. These lights are set up to show "Lakshmi" the way to their house and if she comes it means they will have prosperity this year.

—Sr. M. Charles, R.N.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of \$ for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

WAIT TILL WEDNESDAY!

Rev. Charles Hauser, C.S.C.



Sr. M. Benedict, M.D., with hospital truck she drives.

WHEN a woman in Dacca fell sick two years ago, a friend advised her to visit Saint Michael's Hospital in Mymensingh, seventy-six miles north of Dacca. The Medical Mission Sisters conduct that hospital, the friend said, and there is a Sister-Doctor there who is very good. She is old and partly deaf, but extremely clever.

The woman went to Mymensingh. When she climbed out of the rickshaw that brought her from the station to the hospital, a young Sister standing on the hospital veranda saw her and came out to meet her. The woman was tired as well as sick, and straight-away asked if she could see Sister Benedict immediately. The Sister assured her that she could, and helped her into the waiting room. "What's the trouble," the Sister asked.

"Please, Sister, may I see Sister Benedict?"

"I am Sister Benedict."

The woman was surprised, and began to talk in a half-shout until Sister remarked that she need not talk so loud. Only then did she fully realize that her friend had mixed a bit of humor with her advice.

In 1930, two Medical Mission

Sisters came to Dacca to undertake maternity work, and daily walked the streets with their medical kits in hand. The following year they were asked to supervise the nursing service at the government hospital. When the Sisters felt that conditions in the hospital no longer left it possible for them to remain there, they spoke of having their own hospital, conducted according to their own standards and staffed by their own Sisters. That led to the opening of Saint Michael's Hospital. Saint Michael's was, and is, a small hospital. It opened with twenty beds; has since expanded to more than twice that capacity. Though small it has earned a good reputation in the past four years. One often hears of persons from Dacca making the trip to Mymensingh for treatment, in spite of the fact that Dacca has two Government hospitals with free wards.

Even before the Mymensingh hospital was opened, serious thought was given to Dacca as the site for a Catholic hospital. In pre-war days Dacca was a large but old-fashioned city. It had perhaps 150,000 persons, and was even then the largest city in East Bengal. With the partition of India in



Sr. M. Michaela, R.N. and Sr. M. Benedict, watching the workmen at the hospital.

1947, and the erection of the separate state of Pakistan, Dacca took on new importance. Pakistan has two wings, East and West, divided by 1,500 miles of Indian territory. Karachi in the West is the Federal capital; Dacca is the capital of East Pakistan.

Partition meant the setting up of a new provincial government with headquarters in Dacca. No suitable building could house the many offices, which, as a result, were scattered here and there in small buildings and even in single rooms. Government buildings received priority, and several large ones were hurriedly built to provide office space. The Federal Government also has put up a large Secretariate to provide space for its expanding needs. Business, too, began to concentrate on Dacca. The housing problem grew steadily worse as the pre-partition population doubled and then continued to grow. Dacca did not become a boom town, but it did develop into a large, growing provincial capital, where the narrow streets can scarcely handle the traffic.

This by way of background. It

helps one to understand why the medical facilities in Dacca were inadequate. To make matters worse, partition left East Pakistan with only a handful of trained nurses who were too few to care for the needs of even one hospital. Equipment and trained technicians were likewise scarce.

Due to the changing conditions, the long-discussed hospital became an urgent necessity. When the Medical Mission Sisters spoke of opening another hospital in Dacca, the government seemed enthusiastic over the plan; and, in 1949, the Sisters were promised a site within two weeks. Those two weeks were to stretch out into three years before the land was acquired. In 1950, the government agreed to give a capital grant to aid the Sisters to build the hospital. Three sites were set aside, the Sisters were told to pick one, and the town-planning committee would consider it. All three sites proved unsuitable.

Sister Benedict was carrying on the negotiations in the name of the Sisters' society, while at the same time supervising the work at the hospital in Mymensingh where she was the only doctor and surgeon. When the first three sites had to be abandoned, Sister Benedict set out on her own to hunt for a place. She found what she wanted, but was told that the site was a choice bit of property; the price would be too high. Better to give up the idea!

"I think God gave me this work because my faith was so weak," Sister now says. "He certainly has taught me to put confidence in Him."

Sister's faith did not seem very weak at any time. Rather than give up the idea of acquiring the land because the price was too high, she visited the place again, taking

along medals of St. Joseph and St. Benedict. When she went to "plant" the medals, she could find only a loose bone of an animal skeleton picked clean by the vultures, and with that bone she dug a hole. Today she can point to the place, on the corner of the hospital property, where the medals were placed. Weak faith, indeed! The town planning committee approved Sister's choice except that, instead of twenty acres, they gave her eight, in a box-shape that would not accommodate the hospital plans. Sister returned to the battle.

One of the committee members said: "I don't see why you can't build the hospital there. We're building one at another place on a smaller piece of land."

He should not have mentioned that, for Sister was familiar with the project and pointed out that the property for that hospital was long and narrow, suitable for a building. She rested her case on that, and sat back, praying. Finally the committee leader, a Muslim, rose and told the architect to give Sister what she wanted, even though it meant revamping the whole area, including the roads. Then he turned to Sister and said with a smile: "Don't call that a miracle." Which was the very thought in her mind! Thus the property for the hospital was approved almost three years after the Sisters were told they would have a site in two weeks.

The approval did not automatically turn over the property to the hospital. Sister was to spend many an hour more sitting in the offices of various officials and walking from office to office, accompanied by a porter carrying the hospital file. One official told her she should get an office in the Secretariate.

More "miracles" were to follow. The revenue department set a



Pakistani Father brings baby boy to Sister M. Benedict to be cured.

price of thirty thousand rupees per acre on the land, nearly ten thousand dollars an acre. After Sister nearly fainted from shock, she went to see a revenue official, explained that the Society could never pay that price and still hope to put up the hospital.

"How much are you ready to pay?" he asked.

"Three thousand rupees per acre," she said. This time the minister nearly fainted.

Sister Benedict was advised to see the Chief Minister, and to take a letter with her explaining the monetary difficulty. After she explained it to him, he told her to send him the matter in writing. She handed him the letter. The next three days found Sister sitting in the Secretary's office, praying, and waiting for an answer. She got it. Approved! Jubilantly she returned to the revenue department, but the officials there would not believe her. "In only

three days," they said. "Impossible!" But a telephone call verified the approval, and left another official stunned.

There were more hurdles ahead. Twenty-nine families were squatting on the land, and Sister could not take possession. That was in October, 1952. But finally, with the squatters still there, the hospital property was marked off, and holding the agreement against a tree, she signed it — a scrap of paper. Sitting on a folding chair beneath a tree, with a bottle of water beside her, Sister had spent the whole day at the site to make sure the work was carried on. The Sisters now had possession. In January 1953, a new magistrate was appointed for Dacca. In three months he succeeded in having the squatters removed to another piece of property. The following month he was moved to a higher post, so his brief term in office seemed providential. In March, the corner stone was laid by the wife of the Governor of East Pakistan. Archbishop Graner, C.S.C., of Dacca, attended and spoke, as also did several important government officials, including the Chief Minister. About five hundred persons attended the ceremony.

The public laying of the corner stone was the green light for the work to get under way. In April, 1953, the foundations were started for the first unit. While this construction was still going on, the foundations for the second unit were started in October. The date for the opening of the hospital is March, 1955.

October, 1953, two Medical Mission Sisters took up residence at the hospital site where a dispensary has been opened. On the feast of the Archangel Saint Raphael, October 24, the first Mass in the

temporary chapel was sung by Rev. Anthony J. Weber, C.S.C. of Detroit, who is construction engineer.

One of the many valuable allies Sister Benedict found in this work is the architect, Mr. R. McConnell, who is also consulting architect to the government of East Pakistan. He has designed a beautiful structure for only a fraction of the fee he could receive elsewhere. Since he is not a Catholic, his kindness toward the work is all the more deserving of praise. Mr. McConnell drew the design in St. Michael's Hospital, where he had gone for a leg operation. Shortly after the operation, Sister Benedict brought him a makeshift draft board and spurred him on to complete the drawing. As a result, one of his office employees remarked that the best way to get Mr. McConnell to act was to put him in the hospital for an operation. It works, too.

"Uncanny" is the word that someone has used in describing Sister's ability in diagnosing cases and performing operations. Another remarked that "it is difficult for people to die when she is around." She has become a familiar sight in Dacca, and the police and pedestrians are no longer surprised to see her drive the hospital pick-up truck through town.

Sister Benedict laughs now when she tells about the difficulties that had to be overcome to get the hospital under way. "Wait till Wednesday. That's St. Joseph's day," was one of her frequent remarks when important decisions had to be made. "People think I'm crazy for that," she says, laughing, "but it does make a difference, don't you think?" It certainly has!

*(Reprinted from THE BENGALISE,
March 1954)*

JOHN

Sr. M. Dolores, R.N.

JOHN will not easily be forgotten. Besides having T.B. he was almost totally blind from cataract in both eyes. One of the Fathers had been giving him money for food. He managed until he contracted dysentery. I first saw him in the admitting room. There he sat, thin, hollow-eyed, clothing in rags. Weak and exhausted, he had not been able to change his own clothing. How gentle John was, so patient, so grateful for clean clothing and a fresh bed.

We tried to get him to take more nourishment. "John, try and eat a little."

"Sister Ji, I cannot eat such a heavy breakfast. Tea with milk and sugar is too heavy. Just a piece of bread and water is what I am used to."

"All right John, but slowly you must start eating." As I moved away, he called me back.

"Sister, there is one thing . . . I am ashamed to ask. Do forgive me, but I want a cigarette, a cheap one."

"Why John, I hope you don't think I am opposed to smoking. I think a cigarette is good for you."

I went to the male wards. No one had a cigarette. The people here are poor and cigarettes are a luxury. I asked one of the nurses if she had seen anyone smoking? Yes, Zuba Ida had seen a woman smoking.

She would ask her for a cigarette. So John got a cigarette. We must buy him a few, I resolved, and then forgot about it until I went to visit John the next day. As soon as he recognized my voice,



he held up two fingers to his lips. I laughed and went to look for a cigarette. This time the search was easy. An American had been admitted, a lieutenant-colonel from the United Nations' staff. When I asked him for a cigarette for a poor man, he answered in just the way an American would: "Sure, take the whole pack." Later in the day we bought John his own special brand. He found the American cigarettes too strong. We got ten cigarettes, homemade, for four annas (8 cents).

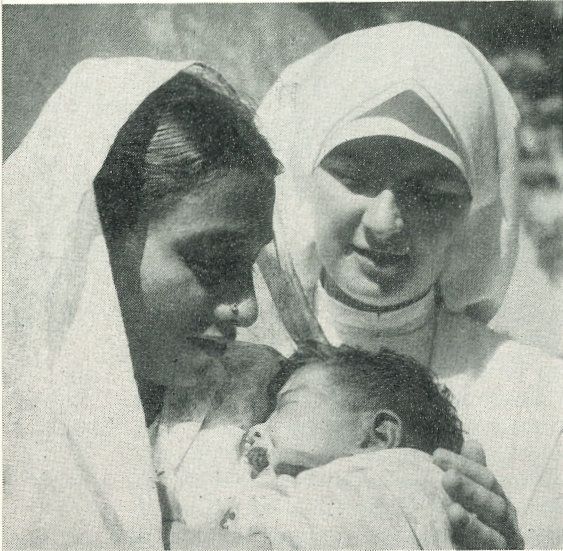
On another visit to John he told me: "Sister, when I get well I want to stay here and help the Sisters. I don't want pay for it."

"John, you told me the other day that the Bishop wanted you to help him when you get well. Are you going to turn the Bishop down?" He smiled . . .

John did not get well. He was anointed and died two days ago.

John, you were "helping" us all along, but in a different way than you had intended, by your patient and cheerful resignation in suffering . . . Now that you are hobnobbing with the elect in heaven, put in a good word for us to Our Lord. You are permanently hired!

CHITS



New Delhi, India, Sr. M. Charles, R.N. comforts a Madrasi woman and child.

My Hindi lessons are getting clearer every day. The "Master" comes twice a week on his bike carrying his little bag of belongings including bread. He agreed to come here, with the understanding that we give him tea. He sits down and starts class and asks if I told Mary to fix tea. When it comes he keeps right on talking but pours tea and goes over to get his little bag. Then he wanders around the room inspecting every prayer book and nook he can find; then he sits down and takes off his shoes and stuffs his socks in his pocket. Tea is sipped very noisily and bread dunked. All the while I am getting a good lesson because he is a good teacher and very patient. But all these sound effects don't help my concentration. He turns the fan on and off, borrows

my pen, and writes in the books, sells me a notebook for 8 annas instead of the four he promised, but he is a good teacher.

My first job in the morning is to distribute milk to the little and big children in front of the hospital. Then I go to the dispensary with Sister Clare to pass out pills and bandage sores. It is pitiful to see them come in with constant fevers, extreme weakness and malnutrition, open running sores, blindness, complaints of dysentery, symptoms of typhoid and malaria, pains that have been with them for years and dirty boils, etc. Once we get a doctor here, to make a diagnosis and a lab to do some tests and beds to keep them here to make sure some treatment is followed up, it won't be so bad; but to know that they will be back in a few days with the same head burning up with fever, and the same wound not healed is very sad. The conditions at home can hardly help them. Some of these babies are carried in, looking like ragdolls. When the hospital is finished, it will mean rest in a bed, three meals a day, clean environment, medicine, surgery, and an atmosphere of kindness which is foreign to them because everyone shifts for himself as best he can. It's like the five little children that came into the dispensary today. The oldest girl about eight has charge of her four younger brothers and sisters as her father is dead and the mother works all day. She brings them all in and explains their sicknesses and brings out a few annas to pay for the medicine. They are so grateful.

—Sr. M. Charles, R.N.

KARACHI

Let's step into the nursery at the new hospital. First thing we meet are two tiny babies in incubators there. "How do you do, Baby Shain and Baby Khan?" We have two small incubators, plastic affairs from the U. S., and usually "filled" if you can call it that, with little scraps of humanity between two and three pounds. They stay in the incubators until they have gained a good many ounces, and then are usually replaced by other babies just as small, and we start all over again. We've found that they do very nicely on evaporated milk formula and it's available here so we usually start with that. However, since very few families have a refrigerator, it isn't practical to send the babies home on evaporated since one tin would spoil before being used entirely.

So they have to get used to another formula before leaving — a process which has its "ups and downs" (in ounces) very often.

Baby Khan is a funny little character — all of 2 lbs. 5 ozs. when he came and not a bit of life in him . . . just lay for two or three weeks with a tube in his nose for feeding purposes and then decided to let us know he was alive. He developed a lusty yell (for him anyway) which sounded like music to our ears at first, and now he can cry as well as the rest of them. He's 4 lbs. 4 oz. now. Poor little thing, he has absolutely no color in his hair which resembles the top of a hay stack, a flat nose and two bright eyes which seem to protrude well beyond his little nose. Recently he developed *three* hernias which will need repairing sooner or later.

—Sr. M. Ruth, R.N.



Sr. M. Ruth, R.N.,
Southington, Conn.

at the
Incubator,
examining
Baby Khan.



The nose ring must be held on one side before the medicine can be taken. (Mussoorie)

MUSSOORIE

We have a bearer in with pneumothorax — doctor thinks it is due to a ruptured T.B. cavity. When you think of how they live it's a wonder there aren't more people sick. One small room for the whole family and no windows. The smoke from the charcoal and fumes from the kerosene lamps are anything but healthy. Sickness is such a trial for most of them as they can never save an anna — just a constant struggle.

The lot of the Paharis (hill people) is even more pathetic. Women are scarce — and so expensive so when a man buys a wife, all his brothers accept her as theirs, too. Imagine the life they lead. They come to us in tears, begging us to keep them and say they are sick so they won't have to go back to the village. —Sr. M. Carol, R.N.

KARACHI

I must tell you a little incident that happened while we were moving to the new hospital. The patients having left the old hospital, Sister Martin was also helping with the loading, and when she

saw a man standing around, and the others all upstairs in the sisters' quarters moving, she lost no time sending him upstairs to help the others. Poor man. Sister Ursula put him to work moving this, that and the other thing. He helped load two camel carts before he had an opportunity or courage to explain he was not one of our workmen. He had come to ask if there was any junk to be sold. However in the end he was rewarded; moving day is a good day to have the junk man available.

—Sr. M. Dorothy, R.T.

POONA

Recently we were invited to visit Khadakwasla, which is to be the "West Point of India." We were invited by Mr. Mascarenhas, the chief engineer of the National Defense Academy project. First we were shown the plans and then taken to all the buildings: the hostel for students, the science building, the mess hall, the ballroom. It is really beautiful. The art work was done by local artists. There were woodcarvings in the ballroom, which depicted dances from different parts of the country; in the mess hall was exquisite lacework in stone, and in front of the main building is a pillar of Asoka.

The buildings and the bungalows are all built of natural stone, found right on the place. Inside, the halls of the main buildings will be all marble. Part of it was finished and looked beautiful. The walls of the parlors in the students' hostel were panelled in wood. In one wall they had built in an aquarium with tropical fish. You would never expect to find such a thing in the army! Khadakwasla will open its doors to its first students in 1955.

—Sr. M. Henrietta



Sr. M. Bertrand, R.N. helps Rama.

PATNA

I returned from Darjeeling to begin my new assignment, teaching the Preliminary training students. The class numbers 15, four of them are Sisters — two of them our own, Sisters M. Juliana and M. Alma from Kottayam. This year the P.T.S. began their school term by helping to get their new class room ready. Another class room was a necessity because in the late afternoon there are three or four classes held at the same time. For the smaller groups we use the table on the verandah, or the dispensary rooms after the morning rush is over. However, they cannot serve as a demonstration room . . . So we had to take over the rooms formerly occupied by the night nurses. The verandah still serves as the lecture hall — just rows of stools facing a blackboard. The latter was made in the Father's Carpenter Shop and is of plywood (painted black). When it rains, both class and blackboard move into the demonstration room.

—Sr. M. Bertrand, B.S.N.

SOUTH AFRICA

Yesterday I admitted two young boys: one with one leg off; the other with both, and of course we spent the rest of the day fighting

for them. However, after surgery, transfusions, etc. it seems as if they will recover. The mines supply the artificial limbs later. A little while ago we had about six cases of burns, all mixed up with diesel engine oil — four survived. Two of the latter we had a big job with as they were over 60% burned, and it is very rare that such a high percentage recovers. One, a Nyassa Catholic received the last Sacraments at one stage—but modern drugs and transfusions do wonders — and so does Extreme Unction.

Right now, I have a young boy dying of cancer. He is such a happy boy, not more than sixteen years although he gave his age as eighteen so he could work in the mines. He received his First Communion before he went up for the operation and I feel he will walk into heaven.

—Sr. M. Campion, R.N.

A South African rests at the wayside.



PATNA

EVERYTHING happens to me! Before leaving for the bazaar I had made it a point to check the Hindi words for the articles I wanted, thinking to avoid the usual comedy of errors enacted between the shopkeepers and myself.

Obviously my "method" was a failure. The Sikh proprietor of this particular shop was eyeing me with that all too familiar look "Madame, I don't know what you're looking for — and I don't think you do either." For the umpteenth time and with what seemed to me flawless pronunciation, my mouth carefully formed the words "Un" (wool) "un chat": "Main un chat: Lun" (I am desiring wool) — Blank-very blank-look. "Un—you know — like they use to make "garm kupra" (warm clothes)—"

"We have a complete line of toilet articles — combs, brushes, soap dishes."

"Don't try to change the subject — "main un chat lun—"un"—it comes from bayra (sheep) — baa, baa — un-bayra." Slight glimmer of light.

"Baa-Baa—"

"Yes, baa baa," I bleated hope-



"Main UN CHAT LUN!"

fully — and then settled back (it's an old Eastern custom to sit down to do business. Indians squat on a rug in Indian fashion, but ladies rate a chair) to listen. I did understand a word here and there to a more than usually lengthy version of "yes, we have no bananas!"

"However," the Sikh concluded, "I have a cousin at the other end of the bazaar" (mad dogs and Medical Missionaries go out in the midday sun) "who has just what you want."

Frankly, I was so pleased at having made myself understood that I didn't mind — too much — the thought of trekking farther in my quest. I thanked my fellow Hindi scholar and rose to continue my search, but the fellow had an eye for business; he wouldn't hear of it. His bearer would go to the shop at the end of the bazaar and fetch me some samples. Knight-hood is still in flower.

"And in the meantime, we have a complete line of cloth goods — lines, towels, sheets, counterpanes, also we supply insect sprays, nature tonics, needles, thread, etc."

I bought a bottle of ink and some flashlight batteries and a box of leads for Sister's pencil. Then I told the Sikh super salesman to turn off the high pressure, our business was concluded. He got the idea, took his wares from under my nose and commenced chatting sociably about his family (one boy and three girls), nation trouble and the price of rice in India. I tried to look as if I understood every word, but one in ten was more like it.

After quite some time a choking spell (his version of a discreet cough) in the doorway announced the return of the bearer. He motioned to us, but before I could rise, a knock-kneed, pink-nosed lamb came dancing in the shop

followed at a more sedate pace, by his sheepish looking mother, and there were more outside!

"Weakly I gasped *"Main un chat Lun."*

The proprietor and his friends from his cousin's shop at the end of the bazaar solemnly answered "baa-baa."

Well, at least he understood me when I said "sheep"! My whole life's been this way.

—Sr. M. Thaddeus, R.N.

BEREKUM

When the foundations went in for the Techiman dispensary there were the usual number of comic-tragedy situations: A cow committed suicide by falling in the open trench dug for the foundations. When she was found in the morning, four feet in the air, Sister expected the laborers to have a barbecue. No, it seems suicides or unnatural deaths are taboo.

One morning Sister found many of the newly made cement blocks all crushed and scattered about. They had been made the previous day and set to sun-dry. "Who did that?" Sister cried in justifiable wrath. "Ponko," answered the laborers. "Bring Ponko here. He is fired!" The men just rolled with laughter. Ponko is the Ashanti name for horse. Horses are scarce and kept more as a curiosity than as workers. Techiman boasts only one or two, which are kept hobbled. When they get loose they can't resist a good frisking. The cement blocks were in its path.

Another morning Sister discovered that the goats had pulled up the stakes which marked off the foundations, and eaten the marking string.

—Sr. M. Raphael, B.S. Pharm.

CALIFORNIA

An interesting gift hangs on the



PHILADELPHIA

A postulant tries her skates for the first time. The winter season brings its joys of ice skating on the lake at the Motherhouse.

wall at the door leading from the verandah to the chapel. It is a carving done by a young artist, Del Lederle, of San Francisco. Del picked a piece of driftwood out of the Pacific at Carmel-by-the Sea (a spot magnificent for its beauty, 80 miles from here). The piece of driftwood, measuring four and one-half feet by 8 inches x 2 inches—just an old plank of weathered wood, is now a carving of the Sacred Heart; rather striking as it hangs against the stark white of the outer chapel wall.

—Sr. M. Emmanuel, S.C.M.M.

R. I. P.

Mr. Gerald Coghlan, Phila., Pa.
Miss Martha Gollon, Chester, Ill.
Mrs. George Jeffries, Jersey City, N. J.
Mr. Joseph Jest, Phila., Pa.
Mrs. Charles Kappler, Phila., Pa.
Mr. Charles B. Maguire, Wynnewood, Pa.
Mrs. Thomas Mallon, Phila., Pa.
Mr. William Wunsch, L. I., N. Y.
Mr. John Young, Phila., Pa.

What's New In The MEDICAL MISSION WORLD

W. H. O. IN INDIA

We had the opportunity to attend the seventh session of the W.H.O. (World Health Organization) held here in New Delhi from the 21st to the 25th of September. Sr. M. Clare having been appointed representative of the International Committee of Catholic Nurses took Sr. M. Charles, R.N., and myself with her to alternate meetings. The International Committee of Catholic Nurses has just been recognized by the W.H.O. and it was the first time this organization was represented.

The session was held at the Regional Office for South East Asia at Patiala House. The countries belonging to this region are: Afghanistan, Burma, Ceylon, France (French India), India, Indonesia, Nepal, Portugal (Portuguese India), Thailand and the United Kingdom. Each country was represented by a doctor from the respective Health Departments, and one or more advisers.

The technical discussions for this year were: *Nursing Requirements in relation to the Planned Health Programme*. It was good to see that the members of certain countries brought nurses as their advisers, for instance, Burma, Indonesia, Thailand and of course, India.

On the first day, the Hon. Amrit Kaur, Health Minister, arrived at 9:15 and was introduced to all the members by the Chairman, Mr.

Abdul Rahim of Afghanistan. The Prime Minister, Pandit Jawaharlal Nehru arrived at 10:00 A.M., and with him photographers in great numbers. He gave the inaugural address and a warm welcome to all.

The Health Minister then addressed the group, stressing all the health needs, including nursing. In fact, without nursing the health programme is incomplete but further emphasis will improve development. The agenda was then taken up, and such things as Medical Education, Environmental sanitation, community development, country and intercountry programmes, and consolidation of mass campaigns were discussed... over a period of five days. The Regional Director, Dr. Mani of India, read a message from the Director General of the W.H.O. Elections for the coming year took place, and Dr. Lakshemenon of India was chosen Chairman, with Dr. Mochter of Indonesia as Vice-Chairman.

—Sr. M. Francis Xavier (Namchu)

WELCOME!

The Religious of the Assumption are opening their first medical mission in Ruanda, Africa. It will be a dispensary, and the doctor in charge will be Sister Francis Therese who has been stationed at the Academy of the Assumption in Philadelphia, Pa. These Religious are opening a school for girls in the same mission.

BEREKUM WATERWORKS

A HISTORIC event has taken place in Berekum, and the junior members of the community, Sr. Marianne and myself, were sent in response to the formal invitation to be present at the opening of the "Waterworks." To those of us who all our lives have turned on faucets and received one of the greatest gifts — water, this may not mean too much. Once you have watched a well or water-tank run dry with no hope of rain for a month you appreciate it.

The function was held on the grounds of the Berekumhene's palace. We arrived at noon, and already thousands had arrived. We were ushered to our chairs — chairs for guests only. It seemed a warm time of day to us, but the African is wiser. The entire guest section was delightfully cool, since we were under a complete canopy, man-made from palm-trees. The speaker was protected on his platform by an enormous State umbrella. The Africans standing many feet thick on two sides of the rectangle were protected by their own umbrellas.

Invitations had been sent to the chiefs of the surrounding villages and at least fifteen were present. It is customary for each chief to arrive separately and be settled and then another arrive. Since they leave the grounds in the same manner it is a very time-consuming but colorful process. We had just settled ourselves when I heard music in the background. Sr. Marianne, a veteran by now, said, "It is probably a chief arriving late. He'll get more attention."



The ancestral trophies were carried in.

The chief was carried in, lying on a palauquin, with his golden crown, made in the form of a wreath, smartly placed above his locks. His *ntoma* (native cloth) was a very rich one probably costing about 60 to 70 pounds. He was followed by the Queen Mother of the village who was carried in a sitting position. Then the chief's children — many wives, hence many children — each carrying one of the ancestral trophies. Council members follow carrying the previous chief's stools. A fair number of village folks and the village band made up the group.

The high point in the program was when a faucet was turned on and several yards away water danced up from a constructed fountain. Incidentally in one of the speeches, one of the Africans praised our hospital highly. The function was terminated with dancing.

—Sr. M. deMontfort, R.N.



THE

THE LEADING ROLE OF WOMEN IN SOCIALISTIC REVOLUTIONS

THE experience of all the liberation movements," declared Lenin on November 19, 1918, "attests that the success of a revolution depends upon the degree of participation of women." Stalin thought the same: "No great movement in the history of mankind, has evolved successfully without the active participation of women-workers." A socialist revolution is not possible without a large participation on the part of the working women."

Stalin considered active participation of women absolutely necessary to the Socialistic structure, and he gave three major reasons:

1. They constitute half the population of the country.

2. They make up the great reserve of the working class. Will this reserve be for or against the working class? Upon this depends the destiny, the victory or the failure of the proletarian revolution. This is why the task of the proletariat and of its most advanced unit, the Communist Party, consists in waging a decisive war for the liberation of working women and peasants from the influence of the middle-class, in order to educate them politically and organize them under the standard of the proletariat.

3. Women just become — a true army of the working class which will fight the bourgeoisie.

ROLE OF WOMEN IN NEW CHINA

Translated and condensed from "Fides Documentary" Nov. 28, 1953 by Sr. M. Genevieve

For the same reasons, like true marxists, the leaders of the Chinese Communist revolution also attach great importance to the participation of women in the building up of the "New China": "Women form one half of the total population of China. This is why, in order to realize the plan of national construction and win the socialist battle on the agricultural and industrial fronts, it is necessary to allow the Chinese women to acquire a true equality in society and emancipate their economic productivity." (Jan. 1953)

II. The Concept of Woman in Marxist Regime

The Communist society is a collectivity without any other hierarchy than that of economic system. Its only mission is the production of goods by collective work, and its ultimate goal, the enjoyment of earthly goods in a world where each will give according to his own strength and will receive according to his needs. This society has the right, or rather the decisive power to subject the individuals to collective work, since individuals are nothing but cogs in the system, which are entirely utilized in the service of the collectivity. Only one collectivity exists: the absolute collectivity, the Communist society. There is no room for any other society, such as the family. The "bourgeoise" family is a purely conventional and civic institution, the fruit of a determined economic system. Woman has no special link with family and home. She must emancipate herself from "domestic slavery" condemned as she is to household works, and win her so-

cial and economic equality with man by taking part, as he does, in the collective work of the socialist society.

"To make the woman participate in the productive social work, to take her away from "household slavery," to liberate her from the brutalizing and humiliating, eternal and exclusive yoke of cooking and the care of children, this is the main task of the women-workers organization, that is the fight for social and economic equality of women. (Lenin)

"Communism will suppress private property, will raise children in common and by so doing will destroy the two principal basis of real marriage, that is the dependence of the woman on man and that of children on their parents." (Engels.)

"In order that women might be completely free and really equal to men, household works must be public responsibilities and women must participate in general production . . .

The leaders of democratic bourgeois revolutions could not free the people from the inequality of womanhood, for they were held back by the "respect" granted to the 'holy private property.' Our proletarian revolution did not know that cursed 'respect' for the three times cursed-middle-ages and for that 'holy private property' . . .

Collective restaurants, infant asylums, kindergartens, these are the simple means which, in fact, can free woman and diminish her inequality with men and help her respond to her role in collective production and social life." (L.)

"The individual family is no longer the economic unity of society when the means of production have become common property. The keeping and the education of children became a public business . . . We are now advancing toward a social revolution in which the real economic basis of monogamy will disappear . . ." (Engels.)

III Chinese Feminist Movement

Communists are striving to give a long and glorious tradition to the Chinese feminine movement. Right from the beginning of the revolution, some women took part in the different movements of protestations and revindications.

Results obtained. 1. On the political level:

"About 340,000 Chinese women are State employees, 40,000 of them holding higher positions. More than 60 women have positions in the central government such as Vice-President, Minister, Vice-Minister, Member of the Council of Administration, Manager of Office, etc. Women constitute from 12 to 22% of the number of delegates taking part in meetings of the people's representatives in cities, districts and villages.

2. On the level of production, industrial and agricultural, of communications, education, army.

"In 1952, the total number of Chinese women working on the front of production was 990,000." In 1953 it was reported: "An increasing number of women are working in diverse industries (heavy — light — textile . . .), in transportation, in communications, construction, national defense . . .

"For the whole country, 21,000 women have received a special formation for the education of the young. 270,000 women have followed special courses to become



midwives. For illiterate women, 'rapid courses against analphabetism' have been created, as well as 'groups of newspaper reading.'

"In the rural regions, 148,200 infant-asylums were organized on the basis of mutual-help groups, in 1952, at the time of the big field labors. Those infant-asylums have received 850,000 children and have allowed 370,000 mothers to take part in the agricultural production. (On the one hand, those infant-asylums take the children away from the 'bourgeois' prejudices and assure them a *collective education*. On the other hand, they take women away from 'the domestic slavery' and make them take part in the *collective production*). In the administrative region of North China, 25,000 infant-asylums have been organized on the basis of mutual-help groups, allowing 110,000 mothers to take part in the sowing in the Spring of 1953. To receive the children of working women, 2,738 infant-asylums have been founded near factories, mines and State establishments, and 4,346 in the big cities."

"Many women enlisted either in the Army of Popular Liberation, or in the regiment of Chinese Volunteers in Korea. Among the women who took part in the Korean War, some are young persons of

17 or 18; others are already mothers who accepted the separation from their own children in order to go and protect and defend the children of many thousands of Mothers. Two-thirds of these women are part of the medical staff. The others are scattered through the different army divisions. 74% of the women of the Regiment of Chinese Volunteers in Korea are members either of the Communist Party or of the Communist Youth Group."

Through these facts, figures and statistics, it is easy to see the consistent line systematically followed by the government: women will be integrated in the socialist society and will work for the *Collective production*: to this aim, their children, from the age of 3, will be put in infant-asylums and nurseries where they will progressively receive a *collective education*.

But figures cannot convey the

solidity of the traditional familial system to which the mass of the Chinese population still clings. The "emancipated" women who throw themselves into the revolutionary fight with all the effective power of their sex, are still a minority, and for a large part, members of the Party or of some Communist Youth Group.

In order to mobilize and enlist feminine multitudes with a view to transform them later on into productive forces, the government knows that it must at all costs break up the traditional family system. This is why its law on marriage was promulgated. To break the resistance of family conservatism the government takes great care to see that this law is applied integrally. To this end, it relies on an effective minority of feminine groups, deeply indoctrinated and strongly disciplined.

Hong Kong—October 1953

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For that Baby department . . . 100 YARDS of 36" rubber sheeting (egg shell) will be most welcome. \$80.00. Who will start the 'yard line' at 80c yd?

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Patients need trays. Aluminum Service trays 1 doz. \$14.60

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It's still the "March for unbleached Muslin." Remember that 5,000 yds.? The hospital is scheduled to open soon. Gowns, pillow cases, etc. needed. 58c yd.

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SEROLOGICAL WATER BATH needed for Laboratory tests. Here is a 'test' for your charity \$105.00
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It's a thrill for Sr. M. Barbara, M.D., to see the poor patient's Hemoglobin % climb up when she gives them IRON TABLETS. Your 'heavenly score' will climb up too, if you give the IRON TABLETS — 100 \$1.20

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The doctor is patching ? Rubber gloves! 12 tubes of GLOVE CEMENT costs \$7.69. 12" roll of Adhesive is a welcomed gift — \$4.55.

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Thuruthipuram, India

"There is literally nothing here except the building," writes Sr. M. Francis, M.D., newly arrived. "Sheets, spreads, towels, surgical instruments, syringes, thermometers, chapel goods, medicines . . . can be used. If every READER of this item would send Sr. M. Francis, a DIME, this mission hospital would be on its way . . .

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THE CROWN

If the whole of Christian life is a warfare, there is no time in the Church's year where this fact is more strongly emphasized than in the season of Lent. Lent is, quite literally, a call to battle, or rather a call to new reserves, new strengths in the unceasing battle the Christian must be forever waging against the enemies within and without. Lent sounds the trumpet again to remind us to be on guard, to be alert, to be ready for the Enemy who daily "goes about seeking whom he may devour."

What precisely is this warfare in which we are all engaged? What is the issue of the battle for which the soldiers of Jesus Christ must struggle, must be willing to risk their lives? Saint Paul calls it a "crown," the crown of life. And he tells us that nothing, neither tribulation nor suffering, can compare to the glory of it, that when we have attained this crown we will think the battle well worthwhile.

The symbol of the crown in the Church's liturgy is of very ancient tradition, having its roots in a world which so often witnessed the crowning of emperors and of heroes returning victoriously from the wars. The crown meant victory, acclaim, honor. So that when the Church adopted it, she meant it to mean these things also. The whole difference lay in the kind of victory the Church was acclaiming by it, for ". . . it is not against flesh and blood that we enter the lists; we have to do with principedoms and powers . . ." (Eph. VI, 12) The Christian crown proclaims the victory of the spirit over the flesh, of goodness over evil, of the kingdom of God over the kingdom of this world.

It is also of ancient belief that Christ Himself will crown the Christian heroes. How fitting this is when we remember that Christ was the first to attain the Crown, the first to overcome the Prince of this world in that magnificent triumph of His Passion and Death which ended in the Resurrection. Not all of His soldiers who fight under His banner will lay down their lives in a visible way before the world; but every Christian must be willing to lose his life in order to pick it up again. All must risk everything, even their life, for the sake of the Kingdom of Christ.

This Lent we ought to remember this as we prepare ourselves once again for the struggle to overcome all that is evil in us in order to establish the reign of the good. Our fasting is to make us strong "in the Lord," our prayer to make us love deeply the King for Whom we fight. And when we weary in the battle, when our timidity would tempt us to turn our heels, and our many failures to lose heart, let us remember the Crown, let us not forget what is awaiting those who persevere unto the end. "Thou hast set on his head, O Lord, a crown of precious stones." (Ps. 20:4)

—Sister M. Gerard, S.C.M.M.

*And everyone that
striveth for the
mastery, refraineth
himself from all
things: and they
indeed that they
may receive a
corruptible crown;
but we an
incorruptible one.*

(I Cor. IX, 25.)





"Pigeon-holing" Time Over

"Pigeon-holing" time is over. Even though building plans were tucked away because of necessity, they, like the proverbial bad penny must turn up. More room, and more room, for an ever-increasing family of Sisters for our missionary labors is facing us! Construction of more housing is Imperative!

WILL YOU HELP THE MEDICAL MISSION SISTERS with THEIR EXPANSION PROJECT? This is an opportunity to assist in extending Christ's Kingdom, from the ground floor up . . .

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